What is the transformation initiative?

#HealthierMO is a statewide grassroots initiative to transform Missouri’s public health system into a stronger, more sustainable system that is culturally relevant and responsive to the challenges of Missouri’s diverse communities, ensuring that every Missourian has the fair opportunity to choose a healthier life.

What are the goals for Phase II of the transformation initiative?

Phase II moves into action steps around three primary goals based on planning completed in Phase I.

**Goal 1:** Work with public health system stakeholders to develop a foundational public health services (FPHS) model specific to Missouri. Conduct a capacity assessment to identify gaps between the current system and the FPHS model. Develop a proposed plan of action to address the gap during Phase III.

**Goal 2:** Improve understanding of the initiative and the reach and value of public health. Support stakeholders’ outreach and advocacy efforts on behalf of public health.

**Goal 3:** Continue to facilitate meetings of Missouri’s Professional Organizations focused on public health. They are working toward aligning their organizations for collective impact on public health and are developing strategies and activities focused on public health advocacy, collaboration, communication and workforce development challenges in Missouri.

How will #HealthierMO build on previous efforts to improve the public health system?

The grassroots initiative benefits from the wisdom of engage stakeholders, including shared experiences and lessons learned during previous efforts to improve the public health system in Missouri. The initiative appreciates the robust level of support from public health champions across Missouri. Survey data show stakeholders are cautiously optimistic the initiative will succeed and are actively engaging at increasing levels.

The initiative is committed to long-term, systematic change, rather than a quick fix, and recognizes that engagement levels will take time to build.

- In March, 2019, a survey of 147 public health stakeholders in Missouri showed moderately high levels of support for the initiative and moderately low levels of skepticism.
- The initiative established an Advisory Council to form recommendations to guide progress.
- It has received strong support from Missouri’s leading foundations for continued funding.
The March 2018 Convening Session was attended by approximately 60 local public health agency (LPHA) representatives.

- About half of attendees (56) completed a post-event survey, and 100% of those who completed the survey said the benefits of participating in the initiative exceeded or greatly exceeded the drawbacks (90%), or that the benefits and drawbacks were equal (10%).
- Most respondents (85%) said they were completely or mostly satisfied with how well partners are working together on the initiative.

The initiative has the support of Missouri’s leading professional organizations focused on public health.

- They met multiple times during Phase I, continually reaffirming long-term commitment to collaboration.
- They developed mission and vision statements and goals for their next year of work, focused around their four mission areas: advocacy, collaboration, communication and workforce development.
- They have taken several action steps to support the initiative and improve public health in Missouri.

Why is transformation needed?

Missouri currently ranks 40th in the nation on key public health indicators, and things are getting worse. Since United Health Foundation published their first America’s Health Rankings Annual Report in 1990 to their latest report in 2017, Missouri has dropped in rank from 24th to 40th.

Missouri ranks in the lowest 10 states in the nation in health indicators like adult smoking, violent crime, cancer deaths, cardiovascular deaths, and child and adolescent immunizations. In just one year (2016 – 2017), Missouri dropped from 37th to 40th.

Missouri has great diversity from county to county in access to care, health insurance status, food environments, and opportunities for physical exercise, such that a person’s zip code is often a stronger indicator of their health status than their genetics or family history. (Enter zip codes in your county and neighboring counties to view differences.)

Missouri ranks in the bottom 10 states on overall health system performance. Compared to all states and the District of Columbia, Missouri ranks 44th on specific areas: Prevention and Treatment, and Avoidable Hospital Use and Cost.

Missouri ranks last (51st) in Disparity*, ranking among the lowest 12 states on several indicators:

- Children age 19 – 35 months without all recommended vaccines
- Children without a medical and dental preventive care visit
- Children without a medical home
- Hospital admissions for pediatric asthma
- Adults who went without care because of cost
• Adults without a dental visit
• Adults who have lost six or more teeth
• Adults who smoke
• Adults without all recommended cancer screenings
• Adults without all recommended vaccines
• Adults who report fair/poor health
• Medicare beneficiaries who received a high-risk drug

Missouri ranks 49th in per capita public health funding, allocating only $5.88 per person out of general revenue for public health programs and services. Only Nevada allocates less at $4.23 per person. Missouri spends nearly $7,000 per person in health care costs each year, exceeding more than half of the other states' spending on health care costs.

Funding for public health varies from county to county
• Local per capita public health funding varies dramatically from county to county, ranging from $8.15 to $175.60 per county resident each year.
• The majority of Missouri’s local public health agencies are formed under a Board of Trustees and are funded by a local mil tax.
  o Mil tax rates range across the state from 0.0444 to 0.3883 on $1,000 of assessed property value.
  o Depending which county they live in, a person with a $100,000 home pays between $4.44 to $38.83 a year for public health services that protect the entire community. That compares to the cost of a cup of coffee and a donut, up to a half a tank of gas.
  o From 2004—2016, the average mil tax only increased from 0.1351 to 0.1413. Some counties haven’t had an increase in years.
• County health departments formed under a County Commission are funded through a line item in their county’s budget.

For every dollar Missouri spent on tobacco prevention in FY2018, the tobacco companies spent $6,849.50 to promote their products in Missouri. In fiscal year 2018 Missouri only spent $48,500 on tobacco cessation and prevention programs, ranking 49th in the nation.

How will the #HealthierMO initiative transform public health?
All Missourians deserve fair access to foundational public health services in their own communities. The #HealthierMO initiative is working to build a stronger, more culturally relevant and collaborative public health system where every local public health agency (LPHA) is able to provide fundamental services that offer every Missourian the fair opportunity to choose a healthier life.
The initiative recognizes that needs are different from county to county, and that one-size-fits-all solutions will not fit Missouri.

- The initiative seeks to engage stakeholders at every level in open dialogue, with transparency, in order to build trust and consensus toward a shared vision for a stronger public health system in Missouri.
- The initiative cares about local issues, local concerns, local values and local ideas.
- The initiative welcomes feedback and is responsive to input, incorporating individual ideas and respecting personal values.

The initiative depends on a strong collaborative effort from key stakeholders across Missouri that influence or are impacted by public health.

- This will result in a stronger, more unified voice for public health.
- This group will change and grow over time, but will continue to move toward a shared vision.

During Phase I (Oct 2017 – Dec 2018) the initiative had two main goals.

**Goal 1: Identify Public Health System Stakeholders, Leaders, and Vision**

**Objective 1.1:** Convene a Transformation of the Public Health System in Missouri (#HealthierMO) Stakeholders meeting to identify sectors to include in the TFPH Advisory Council membership.
Action: This was completed March 1. Input from that meeting is being integrated on an ongoing basis.

**Objective 1.2:** Conduct two sessions with the TFPH Advisory Council and three meetings with the TFPH Executive Committee to develop the vision for action planning for the project.
Action: The Advisory Council was named April 27, 2018 and met May 11 and June 14, 2018. They made recommendations to the Executive Committee on the priority issues that should be addressed during Phase II.

**Objective 1.3:** Establish a plan for Phase 2’s comprehensive system review.
Action: This plan was developed based on recommendations from stakeholders and the Advisory Council, and was included in the Phase II proposal for funding.

**Objective 1.4:** Develop a proposal for “Phase 2: Design and Prepare for Implementation”.
Action: The proposal was developed, based on input from stakeholders and recommendations from the Advisory Council, and will be submitted to the foundations in the form of a funding proposal approved by the Executive Committee.

**Objective 1.5:** Develop and implement a communication strategy for the TFPH project.
Action: The Phase I communication strategy focused on informing and engaging public health system stakeholders in two-way communication. The initiative developed a webpage [www.HealthierMO.org](http://www.HealthierMO.org) and a social media presence on Facebook @HealthierMO and Twitter @aHealthierMO. It launched a weekly e-mail update called #HealthierMO Today with free
subscriptions available to anyone. It conducted polls and surveys and developed a webpage portal for collecting comments from stakeholders. It created informational materials, online educational tools and in-person presentations. It convened a 7-member Communications Committee who act in an advisory capacity, and it developed a Communication Plan for Phase II.

**Goal 2: Public Health Professional Organization Alignment**

**Objective 2.1:** Develop a plan of action for the reorganization of Missouri’s professional public health organizations.

**Action:** Representatives from several professional organizations met multiple times during Phase I of the project, repeatedly confirming their commitment to the initiative and to considering an alignment of their organizations for the purposes of creating a stronger voice for public health and supporting transformation efforts. They developed a mission and a vision statement and defined goals for their second year of work. They established workgroups around their four mission areas: advocacy, collaboration, communication and workforce development. They collaborated on several letters, including one to Governor Parson in support of a statewide prescription drug monitoring program, one to Missouri lawmakers reinforcing the importance of following privacy regulations defined in Missouri State Statute, and one to Missouri’s foundations expressing their support for the #HealthierMO initiative. They also identified public health legislation priorities for the 2019 session.

*Disparity does not include racial or ethnic disparity. It measures performance differences associated with individuals’ income level, comparing the state’s low-income population (generally under 200% of the federal poverty level) and higher-income population (generally over 400% of the federal poverty level). Ranking are based on the relative magnitude of the resulting disparities in performance under 19 indicators.

**Sources:**

2. Missouri Foundation for Health and MHA Health Institute, ExploreMOHealth database [https://exploremohealth.org](https://exploremohealth.org) (explore local health data by county or zip code, build a local community health assessment)